

*Dr. Swan*

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only

29482

**(1) PLACE OF BIRTH**

County of *Orange*

Township of .....

Inc. Town of *Walhalla*

City of .....

Registration District No. *3 AC* Registered No. *10*  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** *William Edwin Smith* (Child is to be named, make report as directed)

(3) **BOY OR GIRL** *B* (4) **Twin or Triplet** (5) **Number in order of birth** (6) **Are Parents Married** *Yes* (7) **DATE OF BIRTH** *Sept 8 1923*  
(Name of Child) (Day) (Year)

**FATHER.**

(8) **FULL NAME** *Kash Butts*  
(9) **PRESENT POSTOFFICE OF FATHER** *Walhalla*  
(10) **COLOR OR RACE** *W* (11) **AGE AT LAST BIRTHDAY** *19*  
(12) **BIRTHPLACE** *Orange*  
(13) **OCCUPATION** *Cotton Mill*  
(14) **Number of children born to mother, including present birth** *1*

**MOTHER.**

(15) **NAME BEFORE MARRIAGE** *Elvira Benin*  
(16) **PRESENT POSTOFFICE OF MOTHER** *Walhalla*  
(17) **AGE AT LAST BIRTHDAY** *18*  
(18) **COLOR OR RACE** *W*  
(19) **BIRTHPLACE** *Orange*  
(20) **OCCUPATION** *Housewife*  
(21) **Number of children of this mother now living, including present birth** *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *White* (born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) *B. F. Swan* (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Physician* *Walhalla S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) **FILED** *Sept 8 1923* (28) *B. F. Swan* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.  
NOTE: IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.